

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011060

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SOMTO FOUNDATION, INC.

**Current Principal Place of Business:**

1205 ELLINGTON CT.  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

1205 ELLINGTON CT.  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NWOGA, IMELDA DR.  
1205 ELLINGTON CT.  
ST. AUGUSTINE, FL 32084    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: C  
Name: NWOGA, IMELDA DR  
Address: 1205 ELLINGTON CT.  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: S  
Name: OGBUOKIRI, TINA DR  
Address: 7200 LAKE BARRINGTON DRIVE  
City-St-Zip: NEW ORLEANS, LA 70128

Title: T  
Name: NWOGA, JUDE DR  
Address: 1205 ELLINGTON CT.  
City-St-Zip: ST AUGUSTINE, FL 32084

Title: D  
Name: ALARIBE, CECILIA  
Address: 6408 WILLOW FOX CIRCLE  
City-St-Zip: RALEIGH, NC 27616

Title: D  
Name: NWOKO, BENJAMIN REV  
Address: OUR LADY OF FATIMA CATHOLIC PARISH  
City-St-Zip: UMUAGBA, ABA,, AB NG

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JUDE NWOGA

DR

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date